

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	857	9-24-96
TYPIST	740	9-28-96
VERIFIER	851	9-30
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

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### INDEX OF CLAIMS

Claim	Date
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43	✓ ✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

#### SYMBOLS

- ✓ Rejected
- Allowed
- (Three-digit number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final	
Original	
51	1-14-97
52	10-26-97
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INDEX OF CLAIMS

Claim	Rejected Allowed	- (Through numeral) ... + (Through letter)	Canceled Restricted	N ..... I .....	Non-elected Interference	A ..... O .....	Appeal Objected
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Claim	Date
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108	✓
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123	✓
124	✓
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134	✓
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